searching for the foreign body. On the other hand, persons sometimes have foreign bodies in the ear without being the least aware of it. The author removed a rolled-up, hairy leaf from the bottom of the meatus, in the case of a lady, who had not the slightest idea how it came there, and who consulted him for deafness of the other ear. In another case, a hexangular glass bead was removed, the patient being entirely ignorant that she had any foreign body in the ear. We should always make a very careful examination, and, when possible, by aid of the direct rays of the sun. No artificial or reflected light is a substitute for this; but where it is not attainable, Dr. Voltolini employs an apparatus of his own invention, which is also serviceable in laryngoscopy. The simplest means of all, however, is to fasten a wax taper to the handle of a bright spoon in such a manner that the flame exactly reaches to the bowl of the spoon. Taking the spoon by its handle, and holding the light against the ear, by looking over it we are not dazzled, and can explore at our leisure. While in some cases the symptoms caused by foreign bodies in the ear are of a frightful intensity, in others they are wholly insignificant, and do not attract attention to the seat of mischief. For want of due examination of the ear, many patients complaining of giddiness, stupor, singing in the ears, &c., are sent to Carlsbad, Kissingen, or the sea-side, when all the mischief is due to a foreign body in the ear. Distant organs of the body may exhibit more or less considerable symptoms without, in some instances, the foreign body in the ear giving rise to any peculiar sensation, so that its presence remains unsuspected.

For the removal of foreign bodies we should first employ only the gentlest means, such as syringing the ear with warm water; and by this substances of the most different form and composition—even lead-pencil—may be removed. Beyond a bent forceps, an ear-scoop with a long handle, and a small corkscrew, almost all the instruments recommended for this purpose are more or less toys, or dangerous. By means of the corkscrew, wadding and similar soft substances may be easily drawn out; and in many cases we can remove bodies by passing the ear-scoop behind them. We should never employ force, and never should pass any instrument a line farther into the meatus than we can follow it with the eye. For want of such precaution, many a patient has lost his life or his hearing. The first effect of rough procedures is to make matters more obscure, the bleeding and swelling which ensue rendering complete inspection impossible. If the gentlest endeavours (or syringing), during which the eye guides the hand, do not succeed, the body should be left at rest in the ear—aye, even were it a dagger's point; and strong as the expression seems, the author justifies it by reference to cases on record in which pointed bodies have remained for years in the ear with impunity. It is not meant to be said that bodies should in general be left in the ear, but that matters should not be made worse than they are by violent manipulations. Leaving the body in the ear, then, warm-water syringing and soft poultices are to be daily resorted to, until the ensuing suppuration loosens it and gives it a new direction.—*Dublin Med. Press*, Jan. 27, 1864.

OPHTHALMOLOGY.

35. *Exophthalmos from Abscess in an Infant.*—Prof. ARLT related an interesting case of this to the Vienna Medical Society. A child, 15 days old, was brought to his Dispensary, who, otherwise quite well, presented a remarkably large exophthalmos. The eye was forced out about half an inch forwards, and nearly to the same extent outwards, the lids being distended and œdematous, and the conjunctiva, cornea, and iris remaining in a normal condition. The exophthalmos first commenced appearing on the tenth day after birth, and within five days had reached this enormous size. Dr. Arlt, believing that no other diseased process would explain this rapid protrusion, considered that abscess must be its cause, and made an exploratory puncture beneath the internal rectus. A little blood was the sole result; but next day the child's condition getting worse, and

a large prominence appearing at the inner angle, an incision half an inch deep was made by a small bistoury between the ball of the eye and the lower eyelid, with the effect of discharging a spoonful of thick pus, and allowing the eyeball to be replaced. Dr. Arlt believed the abscess proceeded from the ethmoid bone. Neither he nor Professor Pitha had ever met with exophthalmos from abscess in a child, although familiar with this case in the adult.—*Med. Times and Gaz.*, Oct. 10, 1863, from *Wien Wochenblatt*, 1862, No. 18.

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36. *Corneal Incisions made with Scissors, and their Application to Extraction of Cataract.* By C. BADER, Ophthalmic Assistant-Surgeon to Guy's Hospital.—It occasionally happens even to the best operators for cataract that, on account of a sudden movement of the patient's eye or head, or of some other untoward accident, while passing the cataract knife across the anterior chamber, the corneal section cannot be completed, and the cataract knife has to be withdrawn, and the section to be finished in some other way.

The object of making the corneal incision with scissors was therefore—(1) to ascertain whether a better control could be obtained over the movements of the eye during the operation; (2) whether corneal incisions thus made would heal well; (3) whether this mode of operating is applicable to cataracts complicated with morbid changes of the vitreous, etc. Details of a few cases are given, in which the complications existing with cataract might have influenced the healing of the section.

Mode of Operating.—The position of the patient, of the assistant, and of the operator are the same as in ordinary extraction. The eyelids are kept open by a spring speculum. An opening is made into the cornea either with a broad needle or with a cataract knife at the spot which would be selected for ordinary extraction. The opening should be large enough to give easy access to one blade of a blunt-pointed pair of iris or strabismus scissors. The aqueous humour is allowed to escape slowly. Then one blade of the scissors is passed through the small corneal incision into the anterior chamber, taking care to glide its point along the posterior surface of the cornea, and carrying on the incision with the scissors. The incision is most easily made outwards, and downwards, and in the transparent margin of the cornea. Three or four successive small incisions will suffice to make the corneal wound equal in size to one made in the ordinary method of extraction, though it is quite in the power of the operator to make the incision as long or short as he pleases. The blades of the scissors while making the successive small incisions should not be closed completely, but only up to the blunt point, the latter resting upon the inner surface of the cornea, so that a good control is obtained over the movements of the eye, while the scissor-blade need not be introduced repeatedly into the anterior chamber. The left eye is operated upon with the left hand; the right with the right.

Instruments required.—1. A spring speculum. This speculum keeps the eyelids open without pressing upon the eyeball, *i e.*, without stretching the conjunctiva so as to impede the movements of the eye; it is made of thin silver wire, to avoid its weight inconveniencing the eye, and it can, by a peculiar contrivance, be opened to a desired extent, and is found very useful wherever—as, for instance, in glaucoma—any undue pressure upon the eye during operation might prove injurious. 2. Forceps for fixing the eyeball, as suggested by Mr. France. 3. A pair of bent, blunt-pointed iris scissors. 4. A curette and scoop.

Number of Cases.—Twenty-one eyes were operated upon in this way; 9 times the left, 3 times both, and 6 times the right eye. In several cases ordinary extraction was performed on the fellow eye. 4 times an upper, 6 times a lower, and in the remainder of cases an outer and lower corneal incision was made.

Ages of the Patients.—Four between 20 and 50; 11 between 50 and 70; and 3 between 70 and 90.

Vision was improved in all cases, 18 of the 21 eyes being able to read small type. Vision was tested with the spectacles which were supplied to the patients. One patient (a short, stout woman) was attacked by gangrene of one leg on the fifth day after the operation, but the section of the cornea healed well, and normal vision was obtained.—*Med. Times and Gazette,* Oct. 24, 1863.